

MULTIPLE DEPEN
CLAI
FEE CALCULATION SHEET
(FOR USE WITH FO XTO-875)

CLAIM

SERIAL NO.

FILING DATE

10/575552

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49					99								
50					100								
TOTAL IND.	2	↓				↓							
TOTAL DEP.	24	←				←							
TOTAL CLAIMS	26	██████████				██████████							